

Antiretroviral Medication Information Sheet (Medication to prevent transmission of HIV)

Post-exposure prophylaxis (PEP) involves taking anti-HIV medications as soon as possible (within 3 days) after you may have been exposed to HIV to try to reduce the chance of becoming HIV positive.

PEP is a month-long course of **emergency medication** taken to try to keep HIV from making copies of itself and spreading through your body. PEP is used by health care workers who have been exposed to HIV on the job, or by anyone who may have been exposed through unprotected sex, injection drug use, or sexual assault.

HIV is the virus that causes AIDS. It is difficult to tell whether a patient who has been sexually assaulted has been exposed to HIV or not. The risk of being infected with HIV from a onetime incident of sexual assault is low, but there are other factors that may increase this risk. The Sparrow Forensic Nurse Examiner (FNE) has conducted a risk assessment to help evaluate whether or not you might have been exposed to HIV.

There are possible risks to taking antiretroviral medications. Side effects that people who take antiretroviral medications for treatment of HIV can experience include fatigue, nausea/vomiting, diarrhea, abdominal pain, muscle aches, headaches, rash, decreased appetite, taste changes, depression, bluish discoloration of skin, feelings of numbness and tingling, decreased white blood cells, anemia and generally not feeling well.

Side effects of the two antiretroviral medications we dispense for PEP are generally mild, and can include feeling tired and mild nausea. These side effects are usually transient, and go away after a few days.

You will need to take the PEP medications for 28 days, to help protect you from developing HIV infection if you were exposed to the virus during sexual assault. **These antiretroviral medications must be taken every day at specific times for 28 days; it is very important to take them exactly as directed until they are gone.**

You will be referred to a provider who specializes in antiretroviral medications for follow-up. You will need to keep all follow-up appointments so you can be monitored for side effects, be able to ask questions about your treatment, etc. You will also need to have repeat HIV testing in 6 weeks, 3 months and 6 months after the assault.

You can decline to take the antiretroviral drugs. The risk of not taking these drugs could possibly be HIV infection. Your refusal to take these medications will not affect your care at Sparrow Hospital.

If you have any questions about this medication please let the Sparrow SANE Program Representative know.

There are no guarantees as to the results of taking antiretroviral medications and/or their potential side effects. **Unfortunately no medication is always 100% effective.** There is a small chance you could take these medications as prescribed and still become infected with HIV.

The nurse has reviewed my HIV risk and has determined that my risk is:

RISK: ___ High ___ Moderate ___ Low ___ Very Low

Medications prescribed for preventative management of HIV following exposure are:

- Truvada® (200mg of emtricitabine and 300mg of tenofovir) tablets PO Daily
- Isentress® (Raltegravir) 400mg tablets PO (BID)
- Zofran 4mg tablet PO every 6 hours if needed for nausea

Please note: The medication being given to you today is for only 4 days of the required 28 day regimen.

To complete the dosing recommended by the Michigan Department of Health and Human Services, you **MUST** follow up with either your **Primary Care Physician**, the **Ingham County Health Department**, or your **Local Health Department** to receive the remaining medication required necessary for this medication be effective in the prevention of HIV.

Failure to follow up as directed will result in the medication being non-effective; HIV prevention it may have provided will be gone.

HIV Risk Stratification Tool

Risk Category	Clinical/Historical Findings	Recommendation for Non-Occupational Post Exposure Prophylaxis (nPEP)	Medication Recommendation
<p>___ High</p>	<ul style="list-style-type: none"> • Penetration assault by one or more assailants known to be HIV positive or at high risk of HIV infection. <p>Example: Injection drug users or men who have sex with men. HIV prevalence among convicted sex offenders may be twice the general male population which emphasizes the higher risk of HIV exposure following sexual assault.</p> <p>AND/OR</p> <ul style="list-style-type: none"> • Anal penetration with or without injuries. <p>Injuries include trauma/tearing of mucosal tissue and bleeding or presence of blood.</p>	<p>STRONGLY RECOMMENDED</p>	<p>Truvada & Isentress</p>
<p>___ Moderate</p>	<ul style="list-style-type: none"> • Penetration assault by one or more assailants of unknown HIV status with vaginal injuries and known or unsure ejaculation and no or uncertain condom use. • Penetration assault in the presence of an STI, genital lesion, IUD or menstruation. • Penetration assault by one or more uncircumcised assailants of unknown HIV status. 	<p>RECOMMENDED</p>	<p>As per High Risk</p>
<p>___ Lower</p>	<ul style="list-style-type: none"> • Penetration assault by one or more assailants of unknown HIV status with no vaginal injuries with ejaculation or vaginal injuries without ejaculation. 	<p>RECOMMENDED</p>	<p>As per High Risk</p>
<p>___ Very Low</p>	<ul style="list-style-type: none"> • No anal or vaginal penetration • No ejaculation from the assailant • Oral penetration only • Condom use • Assailant known to be HIV negative • Bite injury, unless the biter's mouth was bloody and the exposed patient's skin is visibly broken. 	<p>NOT RECOMMENDED</p>	<p>None</p>